

**Mississippi Secretary of State**  
700 North Street P. O. Box 136, Jackson, MS 39205-0136

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME MS State Department of Health		CONTACT PERSON Mike Lucius	TELEPHONE NUMBER 601-576-7847	
ADDRESS PO Box 1700		CITY Jackson	STATE MS	ZIP 39215-1700
EMAIL bob.fagan@msdh.state.ms.us	SUBMIT DATE 5/30/2013	Name or number of rule(s): Title 15, Part 16 Subpart 1, Ch. 41 Minimum Standards of Operation for Mississippi Hospitals, Subchapter 83		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Amendment to: Chapter 41 – Modifies standards to state "Except as a pilot program approved by the MSDH. Services shall be in close proximity to an exterior entrance of a hospital". Additional requirements specific to a pilot freestanding program was added to the Minimum Standards of Operation for Mississippi Hospitals as Subchapter 83.

List all rules repealed, amended, or suspended by the proposed rule: Rules: 41.27.3; Subchapter 83

**ORAL PROCEEDING:**

☒ An oral proceeding is scheduled for this rule on (see attached listing) Date: 07/03/2013 Time: 9:00 am Place: MS State Department of Health; 570 East Woodrow Wilson Drive; Jackson, MS – Osborne Auditorium

☐ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

**ECONOMIC IMPACT STATEMENT:**

☐ Economic impact statement not required for this rule. ☒ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	Action proposed: _____ New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: <input checked="" type="checkbox"/> 30 days after filing _____ Other (specify): _____	Date Proposed Rule Filed: _____ Action taken: _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 30 days after filing _____ Other (specify): _____

Printed name and title of person authorized to file rules: Mike Lucius, Deputy State Health Officer/Chief Administrative Officer

Signature of person authorized to file rules: Ellen Orfield for Mike Lucius

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by	Accepted for filing by	Accepted for filing by

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.



DELBERT HOSEMAN  
Secretary of State

### CONCISE SUMMARY OF ECONOMIC IMPACT STATEMENT

An Economic Impact Statement is required for this proposed rule by Section 25-43-3.105 of the Administrative Procedures Act. This is a Concise Summary of the Economic Impact Statement which must be filed with the Secretary of State's Office.

AGENCY NAME MS State Department of Health	CONTACT PERSON Mike Lucius		TELEPHONE NUMBER 601-576-7847
ADDRESS PO Box 1700	CITY Jackson	STATE MS	ZIP 39211-1700
EMAIL bob.fagan@msdh.state.ms.us	DESCRIPTIVE TITLE OF PROPOSED RULE Minimum Standards of Operation for Mississippi Hospitals		
Specific Legal Authority Authorizing the promulgation of Rule: Miss. Code Ann. §41-9-17		Reference to Rules repealed, amended or suspended by the Proposed Rule: Amended Rule 41.27.3   Added Subchapter 83	

#### A. Estimated Costs and Benefits

1. Briefly summarize the benefits that may result from this regulation and who will benefit:

The benefit is that the proposed rule allows for the operation of Pilot project Freestanding Emergency Departments (PFED). This potentially will make emergency services available in more locations in Mississippi, thus making treatment available to the citizens of Mississippi.

2. Briefly describe the need for the proposed rule:

This amended rule and new subsection provides the provision to allow for Pilot project Freestanding Emergency Departments. The Subsection 83 addendum provides guidelines should an entity wish to operate a PFED.

3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare:

It will provide additional opportunities for treatment and, if the Pilot program is successful, open the way for other facilities to provide services in the same manner.

4. Estimated Cost of implementing proposed action:

- a. To the agency  
☐ Nothing ☒ Minimal ☐ Moderate ☐ Substantial ☐ Excessive
- b. To other state or local government entities  
☒ Nothing ☐ Minimal ☐ Moderate ☐ Substantial ☐ Excessive

5. Estimated Cost and/or economic benefit to all persons directly affected by the proposed rule:

- c. Cost:  
☐ Nothing ☐ Minimal ☐ Moderate ☒ Substantial ☐ Excessive
- d. Economic Benefit:  
 Nothing ☐ Minimal ☒ Moderate ☐ Substantial ☐ Excessive

6. Estimated impact on small businesses:

- ☒ Nothing ☐ Minimal ☐ Moderate ☐ Substantial ☐ Excessive

- a. Estimate of the number of small businesses subject to the proposed regulation:  
None. Optional for hospitals.
- b. Projected costs for small businesses to comply: None. Optional for hospitals.
- c. Statement of probable effect on impacted small businesses: None. Optional for hospitals.

7. The cost of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):  
☐ substantially less than ☐ moderately less than ☐ minimally less than  
☒ the same as ☐ minimally more than ☐ moderately more than  
☒ substantially more than ☐ excessively more than
8. The benefit of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):  
☐ substantially less than ☐ moderately less than ☐ minimally less than  
☐ the same as ☐ minimally more than ☐ moderately more than  
☒ substantially more than ☐ excessively more than

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**B. Reasonable Alternative Methods**

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1. Other than adopting this rule, are there less costly or less intrusive methods for achieving the purpose of the proposed rule?  
☐ yes ☒ no
2. If yes, please briefly describe available, reasonable alternative(s) and the reasons for rejecting those alternatives in favor of the proposed rule. (Please see §25-43-4.104 for factors you must consider.)

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**C. Data and Methodology**

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1. Please briefly describe the data and methodology you used in making the estimates required by this form.

The Department does not have specific data to use as reference since there are no such facilities in Mississippi.

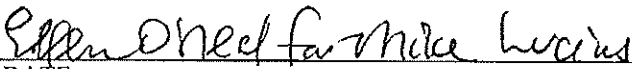
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**D. Public Notice**

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1. Where, when, and how may someone present their views on the proposed rule and request an oral proceeding on the proposed rule if one is not already scheduled?

The Oral Proceeding is scheduled for July 3, 2013, at 9:00 am at the Osborne Auditorium, 570 East Woodrow Wilson, Jackson, MS 39215-1700.

SIGNATURE 	TITLE Deputy State Health Officer/Chief Administration Officer
DATE 5/30/13	PROPOSED EFFECTIVE DATE OF RULE 30 days after filing